



# STATE OF IOWA

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## **Iowa Drug Policy Chief Testifies About Meth-Making Trends Before Congressional Panel**

In testimony today before the U.S. Senate Caucus on International Narcotics Control in Washington DC, Iowa Drug Policy Coordinator Gary Kendall cited progress in combating methamphetamine, but cautioned that resilient meth cooks and their clandestine labs continue to pose dangers in America. Kendall voiced support for a technology tool to help enforce existing laws regulating pseudoephedrine, a key meth-making ingredient found in many cold and allergy products.

“Since sweeping state and federal laws to control pseudoephedrine were enacted nearly five years ago, the number of meth labs in Iowa has dropped 82 percent, from a peak of 125 labs per month in 2004 to an average of about 22 a month in 2009,” said Kendall. “The drop in meth labs also resulted in a reduction in meth-related treatment and prison admissions, as well as fewer meth-related child abuse cases in Iowa.”

“However, Iowa has seen a modest resurgence of meth labs in each of the last two years, due largely to an increase in pharmacy-hopping, or ‘smurfing,’ by meth cooks who realize pharmacies are unable to share pseudoephedrine purchase log information,” said Kendall. “We plan to close that gap beginning this summer, when Iowa implements a real-time electronic Pseudoephedrine Tracking System to prevent or detect illegal activity.”

Kendall was one of seven officials who testified this morning before the Senate Drug Caucus, co-chaired by Iowa Senator Charles Grassley. The subject of the hearing was “The Status of Meth: Oregon’s Experience Making Pseudoephedrine Prescription Only.”

As the only state that currently requires a prescription to buy products containing pseudoephedrine, Oregon has reported the largest percent reduction in meth labs. Now, Congress is considering whether that approach should be adopted nationwide. Iowa and federal laws currently restrict pseudoephedrine products to behind sales counters, impose daily and monthly purchase limits, and require purchaser IDs and signatures on logs.

“I give Oregon officials credit for making the prescription only approach work so far in their state, but I urge caution going down this road on a large scale basis right now and expecting similar results,” said Kendell. “Requiring a prescription for pseudoephedrine would impose greater restrictions on consumer access to cold and allergy products, and we know from the seemingly increasing diversion of painkillers that prescription drugs are not immune from abuse.”

“I believe the electronic pseudoephedrine tracking system should be given a chance to work first, and I hope other states will join Iowa and others that have already committed to this approach,” said Kendell. “Should this strategy prove ineffective, prescription only should remain an option for future consideration, especially if all states implement mandatory Prescription Drug Monitoring Programs that are connected for real-time information sharing between pharmacies and law enforcement agencies.”

In Iowa, participation by doctors and other prescribers in the Prescription Drug Monitoring Program is voluntary, and law enforcement access to the information is severely limited.

“Until changes are made in the prescription monitoring process, I think requiring a prescription for pseudoephedrine products may only make our meth lab problem worse,” said Kendell.